



VOLUNTEER WORKER REGISTRATION

WDFW Volunteer Services
600 Capitol Way N
Olympia, WA 98501-1091

Phone: (360) 902-2252
Fax: (360) 902-2157
e-mail: volunteers@dfw.wa.gov

PLEASE PRINT LEGIBLY

Name	Female Male	Age	Birth Date
Street Address			
Mailing Address			
City, State			Zip Code
Day Time Phone ()		Night Time Phone ()	E-Mail
Do you have a valid First Aid card? Yes No Expires:		Special skills training? Yes No (Attach supplemental sheet)	
Please describe any special medical conditions			

Have you EVER received a citation for violation of state or federal wildlife laws? ____Yes ____No

Have you EVER been charged with a misdemeanor or felony? ____Yes ____No If yes to either question, please detail and attach separate sheet of paper. Please see "Background Investigation" on "Registration and Conditions of Volunteer Service" form.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Day Telephone
Address	Evening Telephone
City/State	Zip Code

WDFW PROJECT INFORMATION

Initial Project Title	Project Location
WDFW Supervisor (Please Print)	Project Type Fish Wildlife Habitat Other
WDFW Supervisor Signature	Supervisor's Telephone

Pursuant to RCW 51.12.035, *Volunteers*, I hereby register as a volunteer worker for the State of Washington, Department of Fish and Wildlife (WDFW). I acknowledge by my signature below that I will accept my responsibility as a WDFW volunteer, and that I will comply with all policies and procedures outlined by WDFW. I understand that I will not receive compensation for services rendered. I further understand that it is my obligation to obtain and maintain insurance if I use my private motor vehicle while serving as a WDFW volunteer. Finally, I understand that each month I must submit via timesheet my hours worked as a WDFW volunteer. Submitting monthly hours worked to WDFW is a requirement for medical aid coverage through the Department of Labor and Industries. Failure to document my time and submit monthly timesheets may make me ineligible to receive such medical aid coverage.

Safety training is required for all volunteers registered with WDFW. Training will be provided by my volunteer project supervisor, WDFW staff or via a printed pamphlet provided by WDFW. I have checked the appropriate box below to indicate whether or not I have received training as of this date.

☐ I COMPLETED VOLUNTEER TRAINING ON _____. ☐ I HAVE NOT YET COMPLETED ANY VOLUNTEER TRAINING.

Signed: _____

Dated: _____

Parental Signature: _____
(Required if under 18 years)

Dated: _____



REGISTRATION AND CONDITIONS OF VOLUNTEER SERVICE

Please read the following carefully, and sign to indicate your understanding and agreement.

VOLUNTEER WORKERS

I understand that as a volunteer worker as defined by RCW 51.12.035, I am responsible for registering as a volunteer worker and must submit hours volunteered to the Washington Department of Fish and Wildlife (WDFW) program manager.

VOLUNTEER NOT AN EMPLOYEE OF WDFW

I understand that I am not an employee of WDFW. I further understand that I will not hold myself out as or claim to be an officer or employee of WDFW or the State of Washington by reason hereof, nor will I take any claim of right, privilege; or benefit which would accrue to an employee under Chapter 41.06 RCW, Chapter 28B.16 RCW or any other applicable state law.

MEDICAL/WORKERS COMPENSATION INSURANCE

I understand that as a registered volunteer under RCW 51.12.035 that WDFW, through the Department of Labor and Industries, provides registered volunteers with workers' compensation insurance for medical aid for injuries sustained while engaged in volunteer activities. I further understand that this coverage does not apply to disability or injuries caused by pre-existing medical conditions.

NONDISCRIMINATION

I understand that during my performance as a volunteer for WDFW, I shall comply with all federal and state nondiscrimination laws, regulations and policies.

LIABILITY INSURANCE

I agree to hold harmless and waive all claims of liability against the Department of Fish and Wildlife arising out of my performance as a volunteer.

I understand that if I use my private motor vehicle in the course of my volunteer duties, it is my obligation to obtain and maintain vehicle insurance to cover any accidents involving my vehicle. I further understand that it is my responsibility to obtain and maintain insurance policies on all personally owned and leased/rented equipment I use while performing assigned volunteer work.

REPORTING REQUIREMENTS

I agree to complete and submit monthly reports of hours volunteered on forms provided by WDFW. I further agree that should I be involved in an accident while performing assigned duties as a volunteer, I will report such accident to the WDFW program manager supervising that volunteer activity.

COMPENSATION

I do not expect to receive any personal monetary compensation for services rendered through volunteer activities.

BACKGROUND INVESTIGATION

I understand that the agency may conduct a background investigation as part of this application process. I hereby authorize the background investigation by my signature below.

GENERAL REQUIREMENTS

I agree to abide by the policies, procedures and guidelines set forth by WDFW.

I understand that as a registered and accepted volunteer of WDFW, if any action or proceeding for damages is brought against me while performing activities within my assigned/approved official duties that I may request that the State authorize the defense of said action as provided for in RCW 4.92.060.

Signature (in full)

Date



Washington
Department of
**FISH and
WILDLIFE**

VOLUNTEER WORKER TIME SHEET

WDFW Volunteer Services
600 Capitol Way N
Olympia, WA 98501-1091

Phone: 360/902-2252

Fax: 360/902-2157

e-mail: volunteers@dfw.wa.gov

MONTH _____ YEAR _____

PROJECT LOCATION/TITLE:															
<i>Please list number of hours worked each day.</i>															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
6	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Volunteer Name (please print)	
Address	
City	State/Zip
Project Supervisor (please print)	Program/Division (If a WDFW Project)
Project Supervisor Signature	Date

Project Type: ☐ Enforcement ☐ Fish (non-salmonid) ☐ Habitat ☐ Salmonid Restoration ☐ Wildlife ☐ Other

Please complete all sections of this form and submit monthly.



Washington
Department of
**FISH and
WILDLIFE**

VOLUNTEER GROUP REGISTRATION FORM

WDFW Volunteer Services
600 Capitol Way N. WA 98501-1091
Phone: (360)902-2252 Fax: (360)902-2157

Group: _____
Service Date: _____
Group Leader: _____
Leader's Phone: _____

Agreement: By my signature below, I agree to volunteer my services for no compensation and willingly agree to:

- Register as a volunteer worker for the State of Washington, Department of Fish and Wildlife.
- Provide my social security number (optional).
- Follow all safety rules and regulations, avoid all workplace hazards and refuse to perform any work assignment I feel I am not qualified to perform.
- Accept responsibility for the safe use and maintenance of tools and equipment use as part of my volunteer service.
- Represent WDFW and fellow volunteers/organizations in a positive, professional way, following all directions and advice offered by my project supervisor.
- Assume all risk related to this assignment, waiving all claims for personal injuries or damages to property against the State of Washington and WDFW.

Printed Name	Signature	Telephone Number	Hours

Supervisor Signature _____ Date: _____

Supervisor Phone: () _____ - _____

My signature attests to the fact that safety training was provided to project volunteers.

Project Type: ☐ Enforcement ☐ Fish ☐ Habitat ☐ Wildlife